



erox Docket No. D/99016

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

H 15/C
K Davis
12-6-03

In re the Application of

Ken HAYWARD et al.

Group Art Unit: 2622

Application No.: 09/383,981

Examiner: A. Ghee

Filed: August 26, 1999

Docket No.: 109033

For: WEB PRINT SUBMISSION FROM WITHIN AN APPLICATION

AMENDMENT UNDER 37 CFR §1.111

RECEIVED

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOV 28 2003
Technology Center 2800

Sir:

In reply to the October 10, 2003 Office Action, and the personal interview on November 12, 2003 with Examiner Ghee and Primary Examiner Wallerson, please consider the following:

Amendments to the Claims are reflected in the listing of claims; and

Remarks.

11/25/2003 MAHMEI 00000110 240037 09383981

01 FC:1201 86.00 DA
02 FC:1202 54.00 DA

2.622/
Xerox Docket No.**PATENT APPLICATION****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

OLIFF & BERRIDGE, PLC
P.O. Box 19928
Alexandria, Virginia 22320
Telephone: (703) 836-6400
Facsimile: (703) 836-2787

ATTORNEY DOCKET NO.: 109033

DATE: November 21, 2003

AMENDMENT TRANSMITTAL

In re the Application of:

Ken HAYWARD et al.

Application No.: 09/383,981

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Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The filing fee has been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL CLAIMS	25 MINUS	22	=3
INDEP CLAIMS	4 MINUS	3	=1
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

RATE	ADD'L FEE
x 18	\$ 54.00
x 86	\$ 86.00
+ 290	\$
	\$ 140.00

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Please charge my Deposit Account No. 24-0037 in the amount of \$140.00. Two duplicate copies of this sheet are attached.
- ☒ The Commissioner is hereby authorized to charge payment of any filing fees under 37 C.F.R. §1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 24-0037. Two duplicate copies of this sheet are attached.

DEPOSIT ACCOUNT USE
AUTHORIZATION
Please grant any extension
necessary for entry;
Charge any fee due to our
Deposit Account No. 24-0037

Respectfully submitted,

James A. Oliff
Registration No. 27,075

David J. Cho
Registration No. 48,078

JAO:DJC/brc